

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: DEVICE AND METHOD FOR RESTORING
CONNECTIONS IN AUTOMATICALLY
SWITCHABLE OPTICAL NETWORKS
Attorney Docket Number:: 4001-1003
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 4
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: MATHIAS
Middle Name::
Family Name:: BISCHOFF
City of Residence:: MUNCHEN
State or Province of Residence::
Country of Residence:: GERMANY
Street of Mailing Address:: STIFTSBOGEN 144

City of Mailing Address:: MUNCHEN
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY
Postal or Zip Code of Mailing Address:: 81375

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: JOACHIM
Middle Name::
Family Name:: CHARZINSKI
City of Residence:: OBERSCHLEISSHEIM
State or Province of Residence::
Country of Residence:: GERMANY
Street of Mailing Address:: AM GLASANGER 24

City of Mailing Address:: OBERSCHLEISSHEIM
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY
Postal or Zip Code of Mailing Address:: 85764

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: DOMINIC
Middle Name:: AXEL
Family Name:: SCHUPKE
City of Residence:: MUNCHEN
State or Province of Residence::
Country of Residence:: GERMANY
Street of Mailing Address:: LANDSBERGER STR. 77 A

City of Mailing Address:: MUNCHEN
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY
Postal or Zip Code of Mailing Address:: 80339

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: BERND
Middle Name::
Family Name:: STILLING
City of Residence:: MUNCHEN
State or Province of Residence::
Country of Residence:: GERMANY
Street of Mailing Address:: ZIELSTATSTR. 101

City of Mailing Address:: MUNCHEN
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY
Postal or Zip Code of Mailing Address:: 81379

Correspondence Information

Correspondence Customer Number:: 000466

Representative Information

Representative Customer Number::	000466
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-Provisional of	60/260,037	1/1/01

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::